Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009				Complete if Known				
				Application Number 10/590,73		33 Conf. No.: 1188		
			_ F	iling Date	Decembe	December 20, 2006		
			F	irst Named Invento	or Ambrose	Ambrose Jacob Spinnler BENADE		
Applicant claims small entity status. See 37 CFR 1.27			E	xaminer Name	H. T. MEI	H. T. MEHTA		
Applicant claims small entity status. See 37 CFR 1.27			A	rt Unit	1789	1789		
TOTAL AMOUNT OF PAYMENT (\$) 490.00		A	ttorney Docket No	3587-012	3587-0126PUS1			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES EXAMINATION FEES								
Application Type	Fee (\$)	Small Entity Fee (\$) F	ee (\$)	imall Entity Fee (\$)		l Entity e (\$)	Fees Paid (\$)	
Utility	330		540			10	0.00	
Design	220	110	100			70	0.00	
Plant	220	110 3	330			35 .	0.00	
Reissue	330	165 5	540			25	0.00	
Provisional	220	110	0	0	0	0 .	0.00	
2. EXCESS CLAIM FEES Small Entity								
Fee Description Each claim over 20 (including Reissues)						Fee (\$) <u> </u> 52	Fee (\$)	
Each independent claim over 3 (including Reissues)						220	26 110	
Multiple dependent claims						390	195	
Total Claims				<u>nid (\$)</u>	<u>N</u>	lultiple Depen	dent Claims	
51 - 20 or HP = HP = highest number of total	O Claims paid	for if greater than 20	0.0	0		Fee (\$)	Fee Paid (\$)	
Indep. Claims	Extra Cla		Fee Pa	id (\$)			0.00	
4 - 3 or HP =	0	x=	0.0	0				
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = 0 (round up to a whole number) x = 0.00								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$) 0.00								
Other (e.g., late filing surcharge): Two Month EOT 490.00								
SUBMITTED BY								
Signature Registration No. 42259 Telephone 702 205 2000								
(Attorney/Agent)								
Name (Print/Type) Paul C. Lewis Date							2, 2011	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.